SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and Social Security Numbers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.
ROUTINE USES: None.
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST	DATE
[X] INITIAL [ ] MODIFICATION [ ] DELETION [ ] USER ID _____	

SYSTEM NAME *(Platform or Applications)*	LOCATION *(Physical Location of System)*
DISN Video Services' Web Site (DVS-WS)	DISA CONUS, Scott AFB, IL

PART I *(To be completed by Requestor)*

1. NAME *(Last, First, Middle Initial)*		2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. PHONE *(DSN or Commercial)*
6. OFFICIAL E-MAIL ADDRESS	7. JOB TITLE AND GRADE/RANK	
8. OFFICIAL MAILING ADDRESS	9. CITIZENSHIP	10. DESIGNATION OF PERSON

USER AGREEMENT *(Complete Block 29 or 30 as appropriate)*

I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DISA/DoD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS *(Complete as required for user or functional level access.)*
[ ] I have completed Annual Information Awareness Training. DATE _____

11. USER SIGNATURE	12. DATE

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR *(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)*

13. JUSTIFICATION FOR ACCESS

To access the DISN Video Services (DVS) registration and scheduling resource systems via the DVS Web site (DVS-WS), at the privilege level designated in item no. 10.

14. TYPE OF ACCESS REQUIRED:
[X] AUTHORIZED [ ] PRIVILEGED LEVEL OF CERTIFICATION CLEARANCE N/A

15. USER REQUIRES ACCESS TO: [X] UNCLASSIFIED [ ] CLASSIFIED *(Specify category)*
[ ] OTHER _____

16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. [X]	16a. EXPIRATION DATE FOR ACCESS *(Specify date if less than 1 year)* N/A

17. SUPERVISOR'S NAME *(Print Name)*	18. SUPERVISOR'S SIGNATURE	19. DATE
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER
21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER (618) 229-9910	21b. DATE

22. SIGNATURE OF IAO	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE
	DISA / VOC	(618) 229-9910	

26. SYSTEM ADMINISTRATOR:
I have completed my Annual Requirement for Information Assurance awareness.
[ ] YES [ ] NO DATE _____

Reset

27. ADDITIONAL INFORMATION (DVS Facilitiators/Schedulers - list ALL your SIte IDs. See Instructions for further details.)

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

28. TYPE OF INVESTIGATION		28a. CLEARANCE LEVEL
28b. IT LEVEL DESIGNATION N/A	28c. DATE	28d. TYPE OF DESIGNATION N/A
29. VERIFIED BY *(Print name)*	30. SIGNATURE	31. DATE

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

TITLE:	SYSTEM DISN Video Services' Web Site (DVS-WS)	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	DIRECTORIES	
	FILES	
	DATASETS	
DATE PROCESSED	PROCESSED BY *(Print name and sign)*	DATE
DATE REVALIDATED	REVALIDATED BY *(Print name and sign)*	DATE

Reset

INSTRUCTIONS (Specific to DVS-WS)

A. PART I: The following information is provided by the user when establishing their USER ID for the DISN Video Service Web Site (DVS-WS).

Type of Request. Place an "X" in the "Initial" box.

Date. The date that the user completes the form.

(1) Name. The last name, first name, and middle initial of the user.

(2) Social Security Number. The social security number of the user.

(3) Organization. The user's current organization (i.e. DISA, SDI, DoD and government agency or commercial form).

(4) Office Symbol/Department. The office symbol within the current organization (i.e. SDI).

(5) Telephone Number/DSN. The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.

(6) Official E-mail Address. The user's official mailing address.

(7) Job Title/Grade/Rank. The civilian job title (Example: Systems Analyst, GS-14, Pay Clerk, GS-5)/military rank (COL, United States Army, CMSgt, USAF) or "CONT" if user is a contractor.

(8) Official Mailing Address. The user's official mailing address.

(9) Citizenship. The user's citizenship status.

(10) Designation of Person. Specify the access level designation desired from the following list:

1. Read Only User
2. Facilitator / Operator and Scheduler
3. COI Scheduler
4. COI Manager
5. Video Operations Center Staff
6. DVS Management and Administration
7. AT&T Reservation Technicians
8. Business Development Staff
9. JITC Certification Test Staff
10. AT&T Validation Test Staff
11. Cryptographic Administration

IA Training and Awareness Certification Requirements. User must indicate if he/she has completed the Annual Information Awareness Training and the date. Reference http://iase.disa.mil/ for further information.

(11) User's Signature. User must sign the DD Form 2875 with the understanding that they are responsible and accountable for their password and access to the system (i.e. DVS-WS).

(12) Date. The date that the user signs the form.

B. PART II: The information below requires the endorsement from the user's Supervisor or the Government Sponsor.

(13) Justification for Access. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified.

(14) Type of Access Required: Place an "X" in the "Authorized" box for normal access.

(15) User Requires Access To: Place an "X" in the "Unclassified" box.

(16) Verification of Need to Know. To verify that the user requires access as requested. Place an "X" in the box.

(16a) Expiration Date for Access. "N/A." DVS-WS user access will be revalidated on an annual basis following the original access approval date.

(17) Supervisor's Name (Print Name). The supervisor or representative prints his/her name to indicate that the above information has been validated and the access is required.

(18) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative

(19) Date. Date supervisor signs the form.

(20) Supervisor's Organization/Department. Supervisor's organization and department.

(20a) E-mail Address. Supervisor's e-mail address.

(20b) Phone Number. Supervisor's telephone number.

(21) – (26) To be completed by Video Operations Center (VOC) personnel. Proceed to item #27.

(27) Additional Information. User levels (shown below in **bold)** are required to outline their areas of association(s) as specified. (Example: List all DVS Site IDs that the user is associated.)

Level 1 (Read Only User) – N/A
Level 2 (Facilitator / Operator and Scheduler) – List ALL DVS Site IDs that you should be associated with and specify if you are the Primary Facilitator, Alternate Facilitator, and/or Scheduler for each of those sites.
Level 3 (COI Scheduler) – List your COI(s) (Example: AMC, CENTCOM, NASA, TRADOC).
Level 4 (COI Manager) – List your COI(s).
Level 5 (Video Operations Center Staff) – N/A
Level 6 (DVS Management and Administration) – N/A
Level 7 (AT&T Reservation Technicians) – N/A
Level 8 (Business Development Staff) – List your Theater (e.g. CONUS, PACIFIC, EUROPE).
Level 9 (JITC Certification Test Staff) – N/A
Level 10 (AT&T Validation Test Staff) – N/A
Level 11 (Cryptographic Administration) – N/A

C. PART III: Certification of Background Investigation or Clearance.

(28) Type of Investigation

(28a) Clearance Level. The user's current security clearance level (Secret, Top Secret).

(28b) IT Level Designation. The user's ADP designation (ADP1, ADP3, etc.). "N/A" to the DVS-WS.

(28c) Date of Last Investigation.

(28d) Type of Designation. The user's last ADP designation (ADP1, ADP2, etc.). "N/A" to the DVS-WS.

(29) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.

(30) Signature. The Security Manager or representative signature indicates that the above clearance and investigation information has been verified.

(31) Date. The date that the form was signed by the Security Manager or his/her representative.

D. PART IV: This information is site specific and can be customized by the DoD, functional activity, or the customer with approval of the DoD. This information will specifically identify the access required by the user.

E. DISPOSITION OF FORM:

TRANSMISSION: **Fax completed form to the VOC: FAX Commercial # (618) 229-8688 or DSN (312) 779-8688.**

FILING: Original SAAR, with original signatures in Parts I, II, and III, must be maintained on file for one year after termination of user's account. File may be maintained by the DoD or by the Customer's IAO. Recommend file be maintained by IAO adding the user to the system.

DD FORM 2875 FAQ

1. Is this form being used to validate a site or an individual?
   An individual.

2. How will I know if the VOC got my DD Form 2875?
   You'll get an acknowledgement when the VOC receive your forms.

3. Can I list a group or organization email address?
   No. Later, when you have access to the DVS-WS, you can specify a group e-mail address for scheduling notifications.

4. How will I know my form has been successfully processed?
   The VOC will send a validation acknowledgement via e-mail.

5. Once the VOC receives a completed DD Form 2875, how long does it take to validate a user request for an ID?
   Approximately 2-5 business days.

6. How long will this form be valid?
   The form expires after one year. After which, your DVS-WS access will be revalidated by the VOC on an annual basis.

7. How long will passwords be valid?
   90 days.

8. I'm a contractor. I've been told to complete a DD Form 2875. I have a position as a COI Manager, VTF Facilitator, or VTF scheduler. I don't have a security clearance. How do I handle part III of the form?
   Put "n/a" in box 28. Return to part I and write your full social security number in box 2.

   (Note: If a contractor is not working in either a COI or facilitator capacity, they may not have access to the system via user name and password.)

9. Who can I call for assistance in completing my Form 2875?
   Call the VOC for guidance. The VOC's phone numbers: DSN 779-9910, DSN OCONUS (312) 779-9910, Commercial (618) 229-9910, Toll Free (866) 621-8987

10. Can I use digital signatures?
    No.

11. How do I send the DD Form 2875 back to the VOC?
    Send by fax and only by fax. The VOC's FAX numbers: Commercial (618) 229-8688 or DSN (312) 779-8688.